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DECLARATION AND POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et below, of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR ACCESS ELECTRONIC DATA VIA A FAMILIAR PRINTED MEDIUM, the specification of which:

is attached hereto

X was filed on May 25, 1994 as Application Serial No. 08/250799 (for declaration not accompanying application)

with amendment(s) filed

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referr abovc.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37. Code of Federal Regular

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed b and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is clai

EARLIEST FOREIGN APPLI	CATION(S), IF ANY, FILED PRIC	OR TO THE FILING DATE OF THE	APPLICATION
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119/172
			YES D NO D
			YES D NO C
			YES O NO C
			YES D NO D

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35. United States Code I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date prior application and the national or PCT international filing date of this application:

		STATUS		
APPLICATION SERIAL NO.	FILING DATE	PATENTED	PENDING	ABANDONED
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POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the and Trademark Office connected therewith.

ZIP CODE

STATE OR COUNTRY

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13. 15. 15 EPHONE CALLS TO: DIRE ND & OLIVO SEND CORRESPONDENCE TO: WARD & OLIVO 703 THIRD AVENUE (212) 697-6262 NEW YORK, NEW YORK 10017 MIDDLE NAME TRST NAME Α. SPENCER **FULL NAME** RATHUS COUNTRY OF CITIZENSIEF OF INVENTOR STATE OR POREIGN COUNTRY UNITED STATES OF AMERICA στγ 2 RESIDENCE & **NEW JERSEY** SHORT HILLS 0 21P CODE CITIZENSHIP STATE OR COUNTRY POST OFFICE ADDRESS 07078 **NEW JERSEY** SHORT HILLS POST OFFICE 31 KNOLLWOOD ROAD ADDRESS MIDDLE NAME FIRST NAME LAST NAME S. **JEFFREY FULL NAME NEVID** OF INVENTOR COUNTRY OF CITIZENSIEF STATE OR POREIGN COUNTRY UNITED STATES OF AMERICA 2 **NEW YORK** RESIDENCE & **NEW YORK** 0 CITIZENSHIP ZIP COODE STATE OR COUNTRY 2 att POST OFFICE ADDRESS 10025 NEW YORK POST OFFICE 382 CENTRAL PARK WEST, #11D **NEW YORK ADDRESS** MIDOLE NAME FERST NAME BMAN TZA I **FULL NAME** LOIS FICHNER-RATHUS COUNTRY OF CITIZENSIEP OF INVENTOR STATE OR POREIGN COUNTRY UNITED STATES OF AMERICA 2 **NEW JERSEY** RESIDENCE & SHORT HILL 0 ZIF C000 CITIZENSHIP STATE OR COUNTRY ary POST OPPICE ADDRESS 07078 **NEW JERSEY** SHORT HILLS POST OFFICE 31 KNOLLWOOD ROAD . ADDRESS MIDDLE NAME PIRST NAME LAST NAME **FULL NAME** COUNTRY OF CITIZENSIDE OF INVENTOR STATE OR FOREIGN COUNTRY 2 RESIDENCE & 0 CITIZENSHIP ZIP CODE STATE OR COUNTRY 4 arr POST OFFICE ADDRESS POST OFFICE **ADDRESS** MIDDLE NAME FIRST NAME -LAST HAMB **FULL NAME** COUNTRY OF CITIZENSRIP OF INVENTOR STATE OR FOREIGN COUNTRY 2 RESIDENCE & 0 ZIP CODE CITIZENSHIP STATE OF COUNTRY 5 POST OFFICE ADDRESS POST OFFICE ADDRESS MIDDLE NAME FURST NAME LAST NAME **FULL NAME** COUNTRY OF CITIZENSIEF OF INVENTOR STATE OR POREIGN COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon

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POST OFFICE ADDRESS

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